PRECEDE-PROCEED *Planning Model*

Phase 5 — Administrative & Policy Assessment
Phase 4 — Education & Ecological Assessment
Phase 3 — Behavioral & Environmental Assessment
Phase 2 — Epidemiological Assessment
Phase 1 — Social Assessment

Health Promotion Intervention
- Health Education
- Policy Regulation Organization

Predisposing Factors
Reinforcing Factors
Enabling Factors

Behavior and Lifestyle
Environment

HEALTH
QUALITY OF LIFE

Implementation — Phase 6
Process Evaluation — Phase 7
Impact Evaluation — Phase 8
Outcome Evaluation — Phase 9
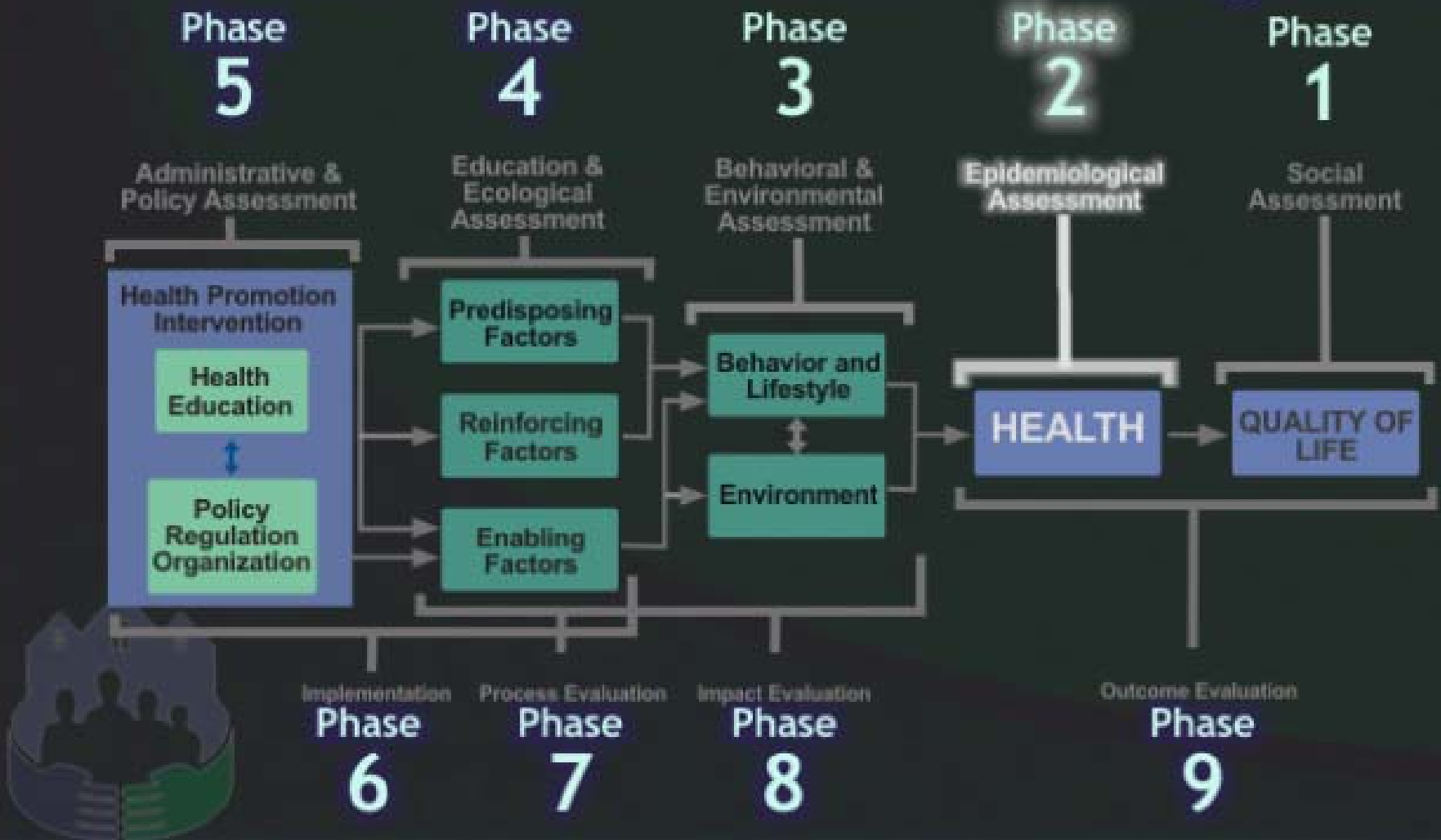
Epidemiological Assessment Benefits

- Monitors trends and changes

- Provides basis for setting program priorities

Possible Sources of Available and Relevant Data:

- Local health department/center (risk factors and conditions, APEX-

- Hospital (discharge, ER)

- Local environmental agency (air, water, soil)

- Local school boards (education)

Possible Sources of Available and Relevant Data:

- Chamber of Commerce (employment, quality of life)

- Media (surveys)

- Health Resources and Services Administration, at www.communityhealth.hrsa.gov

Springfield Data

- High levels of lead and arsenic found on and off-site

- High percentage of children with elevated blood lead level but low percentage tested

Springfield Data

- In earlier Springfield study, 50% of children had blood lead levels >10 µg/dL compared to 3% in control group

- Children are considered to have lead poisoning at levels ≥10 µg/dL

Springfield Data

- Large population less than 6 years old

- Spanish speaking population

Nominal Group Process

- List 3 items of highest priority on index cards

- Collect cards and assure anonymity

- Add up rankings on a flip chart

Springfield Priority

Protect young children from lead poisoning

Phase 2
Epidemiological Assessment Steps

- Develop program goal

- Develop program objectives

Program Objective Questions

- Whose health is the focus of the program?

- What health benefit will be achieved?

- How much of benefit will be achieved?

- When will it be achieved?

Program Goal

Eliminate childhood lead poisoning

Program Objective

- Children less than 6 years old in Springfield

- Decrease in the percentage of children with blood lead levels >10

- Percent of children with lead poisoning will be reduced from 50 percent to 25 percent

- Within two years

Program Objective

Within two years, the percent of the children less than six years old, in Springfield, with lead poisoning, will be reduced from 50 percent to 25 percent.